

# Norfolk Community Health Status Assessment Report

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## INTRODUCTION

The Norfolk Department of Public Health (NDPH), in collaboration with community partners, is leading a community health planning process called Mobilizing for Action through Planning and Partnerships (MAPP). The purpose of MAPP is to engage community members and partners in conducting a series of four assessments to identify important issues that they can address collectively.

This report focuses on the Community Health Status Assessment (CHSA), which provides a deeper understanding of the community's health status and ensures that the community health improvement process is data-informed. It answers questions such as, "How healthy are our residents?" and "What does the health status of our community look like?" Ultimately, findings from the CHSA should be compared with findings from the Community Themes and Strengths Assessment, as well as other MAPP assessments to provide a richer picture of the strengths, challenges, and priorities for improving health in the community.

This report provides a brief summary of the secondary health data gathered to describe the health status of Norfolk residents. Data is derived from various sources including the U.S. Census Bureau, Virginia Department of Health, Virginia Department of Social Services, Virginia Uniform Crime Reporting Program, Department of Motor Vehicles, and Virginia Department of Education, among others. The data include vital statistics and census data, estimates from the American Community Survey 5-year Estimates, as well as self-reports of health behaviors from large surveys such as the Behavioral Risk Factor Surveillance System (BRFSS). A presentation made to the Norfolk MAPP Community Advisory Board, a committee of community partners guiding the MAPP process, included in Appendix A, provides a more detailed analysis of the data.

## DEMOGRAPHICS

According to the U.S. Census Bureau estimates, the Norfolk population has been steadily increasing from 2011 to 2015. The estimated population in 2015 was 246,393.

The proportion of races and ethnicities within the city of Norfolk has remained about the same over the past few years. Figure 1 shows the estimated breakdown of population by race in 2010 - 2014; each of these numbers only differ by 0.7% or less from those in the 2010 census. In 2010 - 2014, an estimated 7.1% of the population was Hispanic or Latino, as compared to 6.6% in 2010.

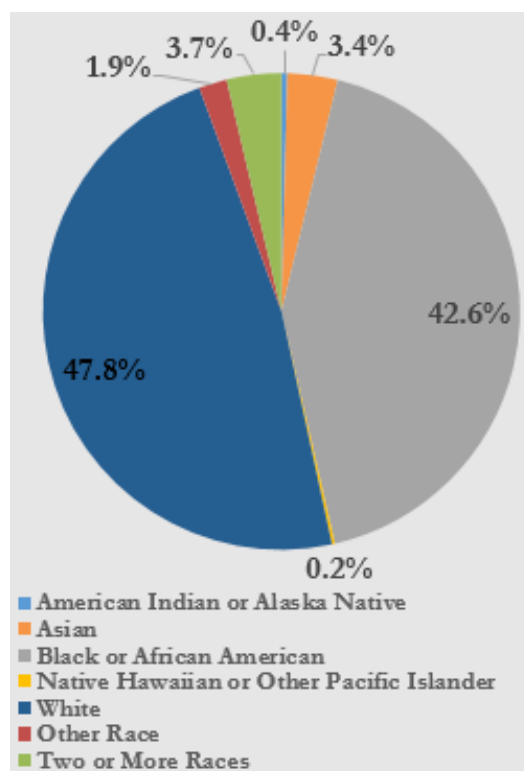


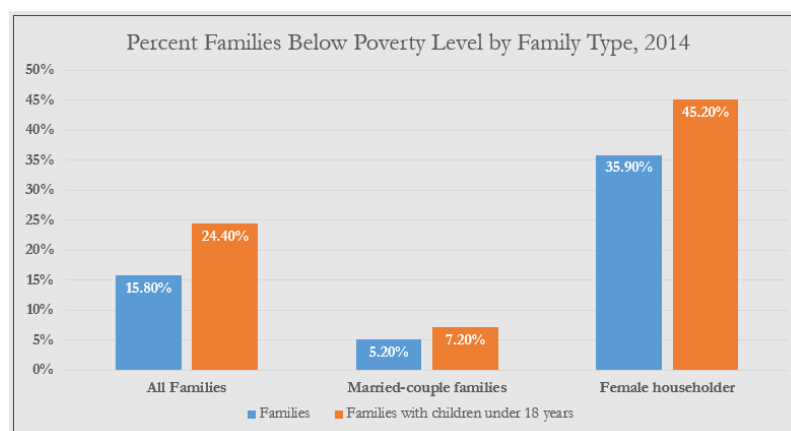
Figure 1. Population by Race (2010 -2014)  
Source: 2010-2014 American Community Survey

## POVERTY, INCOME, EMPLOYMENT

Social, economic and physical environments have an impact on the health of individuals, their families, and the community. From 2010 to 2014, 20.5% of the total Norfolk population was living in poverty, with 30.1% of the population under 18-years-old living in poverty. The percentage of children living in poverty in Norfolk has fluctuated between 24% and 33% since 2005, and has remained higher than the Virginia average, which has ranged from 12.3% to 15.9% since 2005. This could be due to the fact that there is a higher percentage of children living in single-parent households in Norfolk (51%) than there is in Virginia (30%), as the data also show that there is a higher percentage of families below the poverty level when there is only a female householder, than there are for married-couple families (see Figure 2).

Although the 2015 unemployment rate is slightly higher in Norfolk (5.6%) than it is across the entire state of Virginia (4.4%), the unemployment trend from 2005 to 2015 is similar for Norfolk as it is for both Virginia and for the United States.

Figure 2. Percent Families Below Poverty Level by Family Type (2010 -2014)  
Source: 2010-2014 American Community Survey, U.S. Census Bureau



## HOUSING

The following figures speak to the affordability of housing in Norfolk; they show monthly housing costs as a percentage of household income for renter-occupied housing (Figure 3), and for owner-occupied housing (Figure 4).

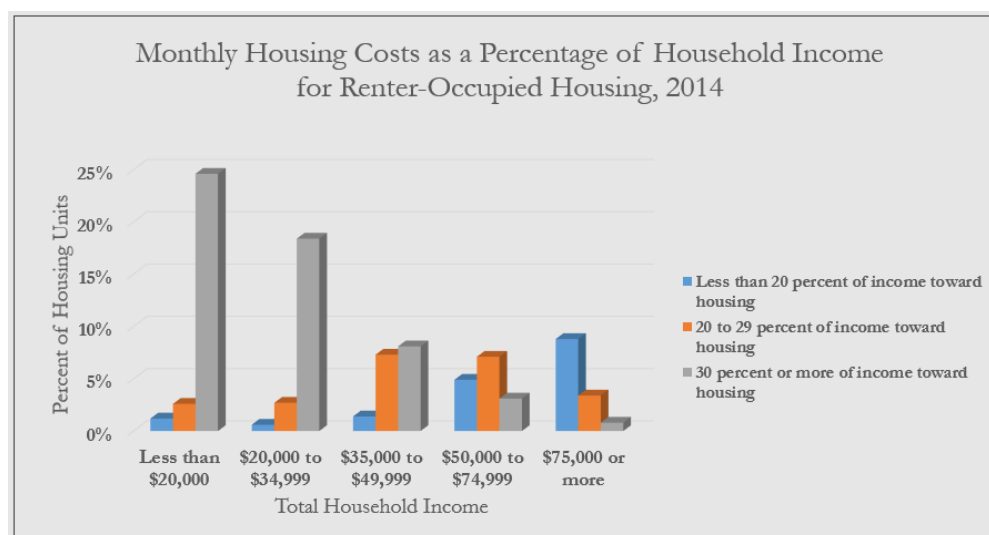


Figure 3. Monthly Housing Costs as a Percentage of Household Income for Renter-Occupied Housing (2010 - 2014)  
Source: 2010-2014 American Community Survey, U.S. Census Bureau

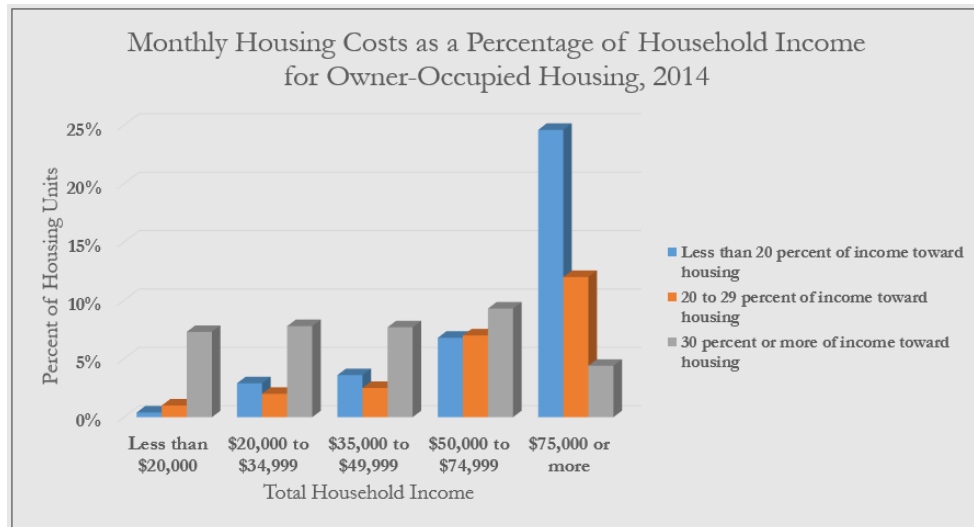


Figure 4. Monthly Housing Costs as a Percentage of Household Income for Owner-Occupied Housing (2010 - 2014)  
Source: 2010-2014 American Community Survey, U.S. Census Bureau

Table 1 displays the 2013 Homelessness Point-In-Time (PIT) data for Norfolk, as well as other cities in Hampton Roads. According to the 2013 PIT data, there were 580 people (of all ages) who were reported as homeless in Norfolk in 2013, 105 of which were children. The table also includes counts of homeless children as reported by the school districts; the count of School District Reported Homeless Children for 2012-2013 was 499.

Table 1. Homeless Point-in-Time (PIT) counts (2013) and School District Homelessness Data (2012-2013)

NUMBER OF HOMELESS PEOPLE AND STUDENTS IN SOUTH HAMPTON ROADS ACCORDING TO 2013 PIT DATA AND THE SCHOOL DISTRICTS, 2012-2013		
Chesapeake Homeless PIT All Ages		64
Homeless Children PIT	27	
School District Reported Homeless Children	89	
Norfolk Homeless PIT All Ages		580
Homeless Children PIT	105	
School District Reported Homeless Children	499	
Portsmouth Homeless PIT All Ages		154
Homeless Children PIT	NA	
School District Reported Homeless Children	211	
W. Tidewater, incl. Suffolk Homeless PIT All Ages		93
Homeless Children PIT	31	
School District Reported Homeless Children	35	
Virginia Beach Homeless PIT All Ages		389
Homeless Children PIT	122	
School District Reported Homeless Children	771	
South Hampton Roads Totals		1,280
PIT Totals	285	
School District Totals	1,605	

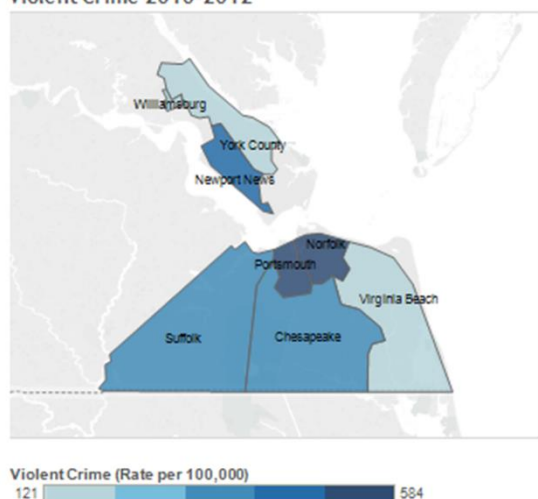
Source: Table from Homeless Children in South Hampton Roads: Estimating the Costs to Society, 2014

## SAFETY

Among Group A offenses (crimes against persons or property) in 2014, the crime counts were highest for Larceny (7878), Simple Assault/Intimidation (3772) or Destruction/Damage/Vandalism (3351), followed by Drug/Narcotic Offenses (1396) and Burglary (1294).

Figure 5 and Figure 6 display that Violent Crime (2010-2012) was more prevalent in Norfolk and Portsmouth than in surrounding cities, and that the Homicide Mortality Rate (2013) was higher in Norfolk, Suffolk and Newport News than in other surrounding cities.

Violent Crime 2010-2012



2013 Homicide Mortality Rate

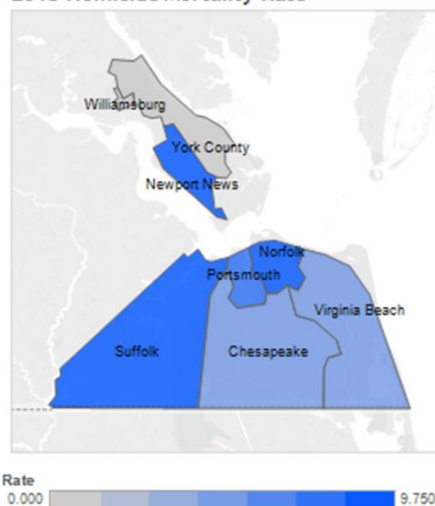


Figure 5. Violent Crime Rates (Rate per 100,000), 2010-2012

Figure 6. Homicide Mortality Rates (Rate Per 100,000), 2013

Sources: Virginia Department of Health, County Health Rankings, FBI 2010-2012

The average rate of child abuse/neglect (per 1,000 children) throughout the state of Virginia has ranged from 3.29 to 4.07 between 2002 and 2013. During these same time periods, the child abuse/neglect rates (per 1,000 children) in Norfolk ranged from 6.46 to 7.97 – nearly double that of the statewide average rates.

In 2013, the most common cause of unintentional injury was a fall, and there were more unintentional injuries reported for people 85 years and older than for any other age group in Norfolk.

		2012	2013	2014	% Change	
					2012-2013	2013-2014
Total	Crashes	4,323	4,352	3,905	0.67%	-10.27%
	Fatalities	18	25	20	38.89%	-20.00%
	Injuries	2,529	2,588	2,252	2.33%	-12.98%
Alcohol-Related	Crashes	308	268	244	-12.99%	-8.96%
	Fatalities	8	13	11	62.50%	-15.38%
	Injuries	205	186	163	-9.27%	-12.37%
Licensed Drivers		122,390	123,293	127,135	0.74%	3.12%
Death Rate (per 1,000 licensed drivers in locality)		0.15	0.2	0.16	33.33%	-20.00%

Table 2 provides a Traffic Safety Profile, including counts of crashes, injuries and fatalities for all traffic crashes, as well as alcohol-related traffic crashes; almost all of the counts decreased from 2012 to 2014.

Table 2. Traffic Safety Profile, 2012-2014

Source: Department of Motor Vehicles, Virginia Highway Safety Office

## EDUCATION

According to the ACS 5-year Estimates for 2010 - 2014, an estimated 86.6% of Norfolk residents had at least high school grad/GED; this is comparable to the 86% throughout the state of Virginia.

For the past three years (2013, 2014, 2015), the percent of high school students who graduated on time (4 years) has increased each year. However, according to the 2014 On-Time Graduation rates, Norfolk (78.9%) is lower than Virginia (89.9%) as well as the HP2020 target (82.4%). There are also racial disparities in timely graduation rates. White and Asian students are much more likely to graduate on time than Black and Hispanic students (Figure 8).

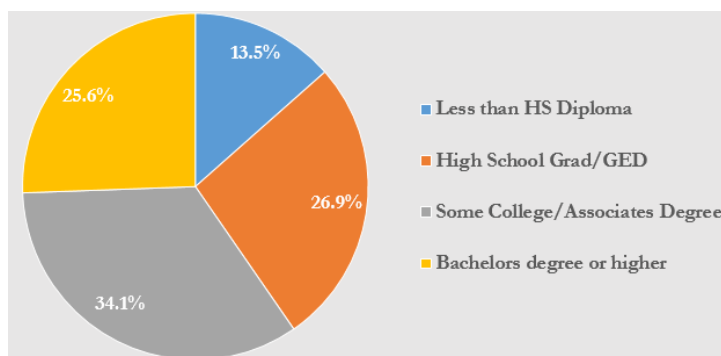


Figure 7. Educational Attainment, 2010 - 2014

Source: 2010-2014 American Community Survey, U.S. Census Bureau

The following figure shows the percent of youth with IEPs who graduated from high school with a regular diploma for the 2011-2012, 2012-2013 and 2013-2014 school years. Although Norfolk has seen a slight increase in rate each school year, the difference between the Norfolk rate and the Virginia State Target has also increased each year (with differences of 18.96%, 20.97%, and 21.13% for the 2011-2012, 2012-2013 and 2013-2014 school years, respectively). In other words, even though the Norfolk rate is increasing, it is not increasing as the same rate as the Virginia State Target and thus the gap between the two is also increasing each year.

Figure 8: Percent of Students Who Graduated on Time by Race, 2014

Source: Virginia Department of Education

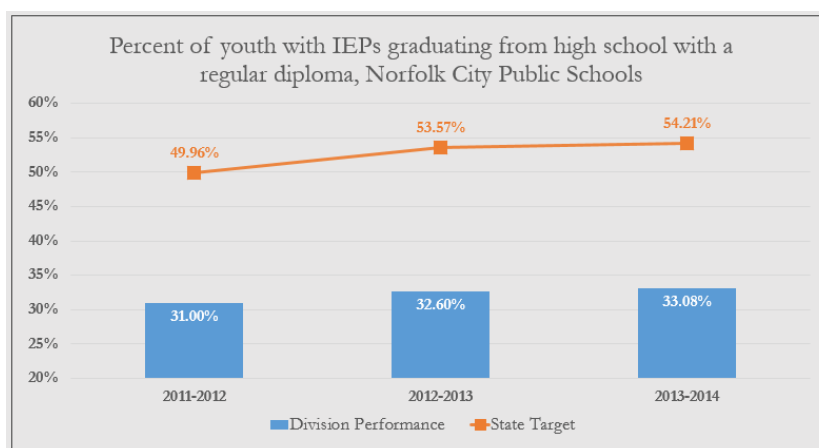
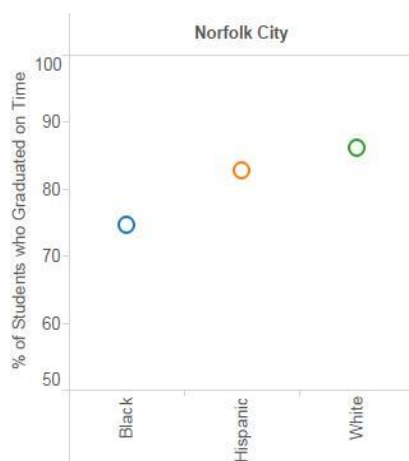


Figure 9. Percent of youth with IEPs graduating from high school with a regular diploma. Source: Virginia Department of Education, Special Education Performance Report

## HEALTH BEHAVIORS

According to the Virginia 2012 & 2013 Behavioral Risk Factor Surveillance System (BRFSS), many health-related behaviors have improved in Norfolk from 2012 to 2013. For example, the percent of adult smokers decreased (23.7% to 18.9%), the percent of adults overweight or obese decreased (74.1% to 67.4%), and the percent of adults who have consumed fruits or vegetables five or more times per day increased (12.1% to 13.9%).

Table 3 shows how Norfolk stands, as compared to the Virginia statewide average and Healthy People 2020 (HP2020) targets, in regard to various measures related to health behaviors as gathered from the County Health Rankings website.

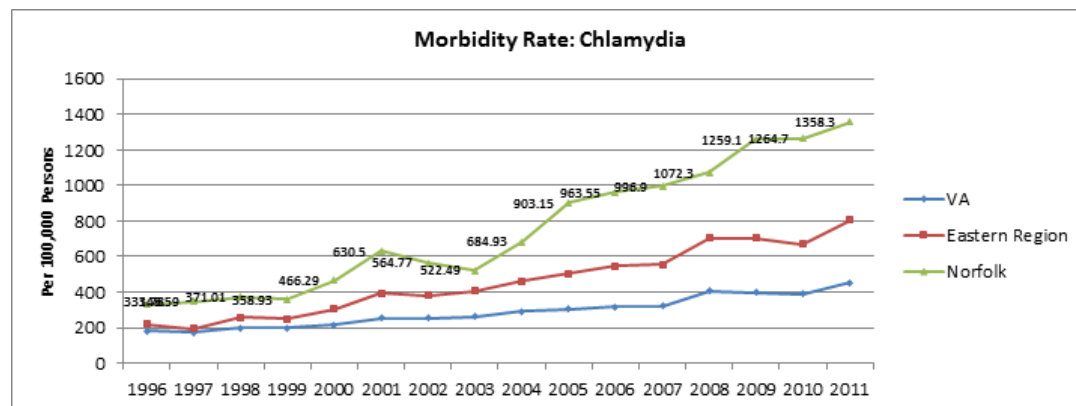
*Table 3. Various Measures Related to Health Behaviors*

Source: County Health Rankings, BRFSS

Health Behaviors	Norfolk	Virginia	Range in Virginia	Healthy People 2020
Tobacco Use (2014)	21%	20%	12-27%	12%
Binge drinking (2014)	19%	17%	11-21%	24.4%
Adult Obesity (2012)	31%	27%	17-39%	30.5%
Physical Inactivity (2012)	25%	22%	14-37%	32.6%
Access to Exercise Opportunities (2014)	96%	81%	3-100%	--

Norfolk is slightly higher than the Virginia average in terms of Tobacco Use, however it falls at just about the midrange point (21%) between all localities in Virginia (i.e. Norfolk falls about mid-way between the minimum and maximum in Virginia) and is still well above the HP2020 target of 12%. Although Norfolk's Physical Inactivity and Adult Obesity rates are both higher than the statewide average for 2012, 96% of the Norfolk population has adequate access to exercise opportunities (defined as residing in a census block within a half mile of a park or within one mile of a recreational facility), as of 2014; this is greater than the statewide average of 81% with access to exercise opportunities.

The morbidity and new infection rates of sexually transmitted infections (STI) are significantly higher in Norfolk than for the Eastern Virginia Region or for Virginia statewide. While this is true for all the STIs – HIV/AIDs, syphilis, gonorrhea and chlamydia -- chlamydia has one of the highest morbidity rates and these rates have continued to increase over the last fifteen years.



*Figure 10. Morbidity Rate (Rate per 100,000) of Chlamydia by Year; Regional Comparison of Chlamydia Rates*

Source: Virginia Department of Health

## MATERNAL AND INFANT HEALTH

Norfolk's infant mortality rate is higher than in other areas in South Hampton Roads and Virginia. While there have been some notable exceptions (2011), the rate seems to be increasing (Figure 11). In addition, the infant mortality rate among blacks is significantly higher than other population groups.

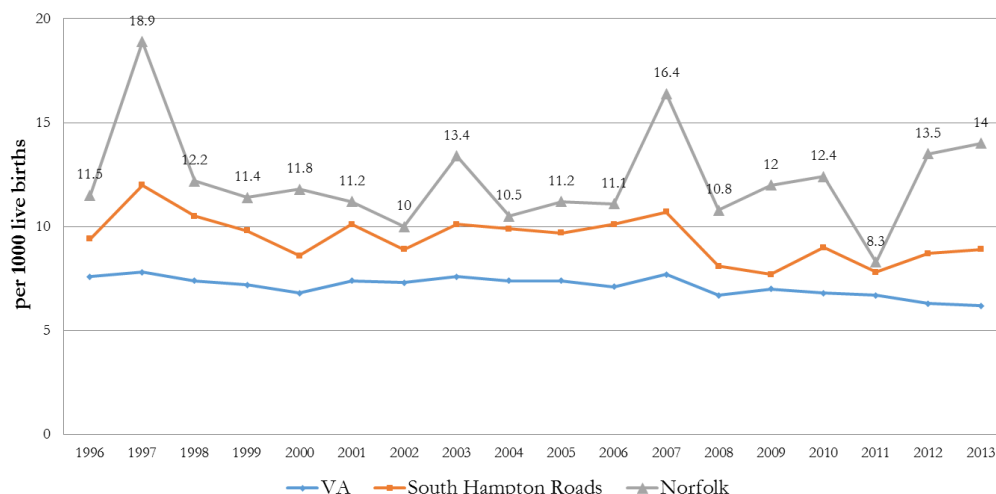


Figure 11. Infant Mortality Rate (Rate per 1,000 live births), 1996-2013

Figure 12. Infant Mortality Rate by Race (Rate per 1,000 live births), 2013

Source: Virginia Department of Health

While its teen pregnancy rates have been steadily decreasing, following national trends, Norfolk still has one of the highest teen pregnancy rates in the region; these rates are much higher among black teens. The percent of babies born in Norfolk with a low birth weight reflect a similar racial disparity. These numbers are high and have not changed much in the last decade.

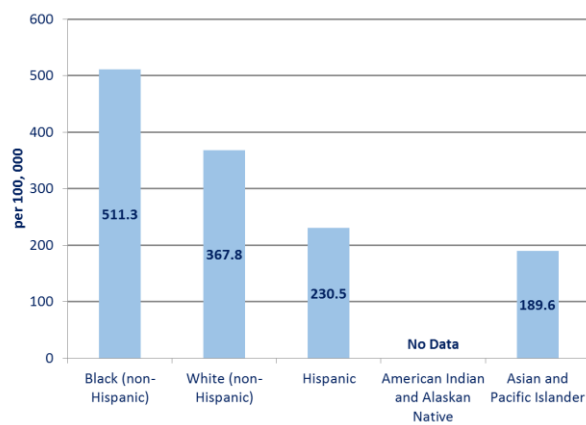
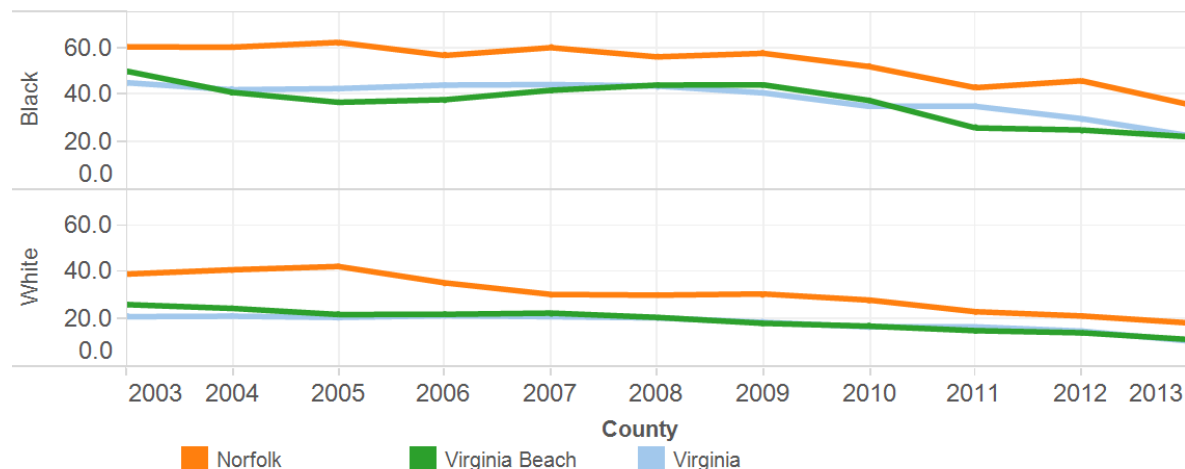


Figure 13. Teen Pregnancy (10-19 years old) by Race 2003-2013 (Rate per 1,000 females)

Source: Virginia Department of Health





## MORTALITY

As shown in Figure 14, the total death rates, cancer death rates, and heart disease death rates are significantly higher in Norfolk than the Virginia statewide averages. The Healthy People 2020 target for heart disease is 103.5; Norfolk's heart disease rate is more than double this target.

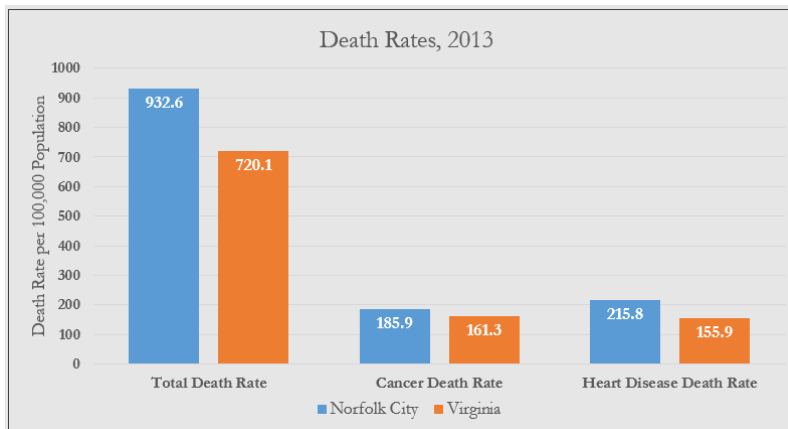


Figure 14. Norfolk and Virginia Death Rates, 2013

Source: Virginia Department of Health Division of Health Statistics

While higher than the HP2020 target, the majority of Norfolk's cancer death rates have been dropping over the last five years. While this is also true for lung cancer, Norfolk still has one of the higher rates of lung cancer in the region. Norfolk's also has a high diabetes mortality rate as compared to surrounding cities, and its chronic lower respiratory mortality rate is one of the highest in the region and seems to be increasing.

## CONCLUSION

This report has highlighted major health issues facing Norfolk and identified potential areas to focus on for health improvement planning efforts. While there are many critical issues facing Norfolk, overall residents still report that their health is excellent, very good, or good. This self-reporting could reflect an optimism among residents about their own health and that of the community.

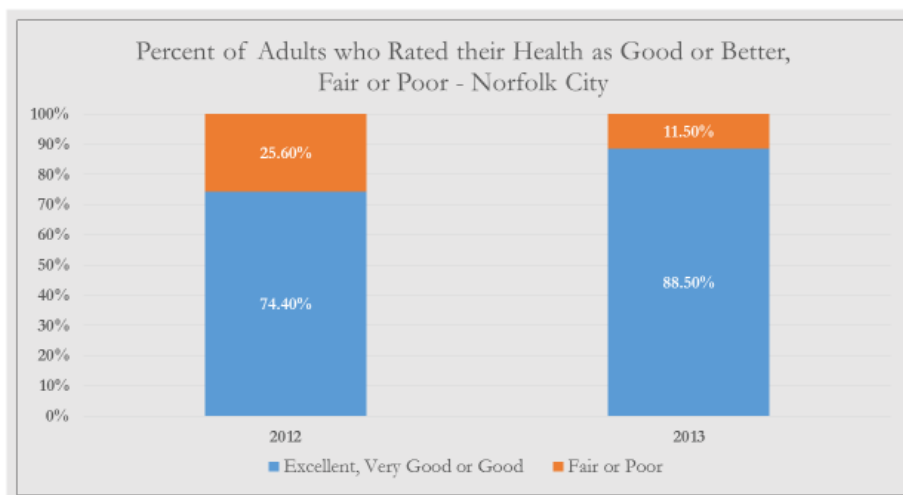


Figure 15. Norfolk Resident Perception of Health

Source: Virginia 2012 & 2013 BRFSS, VDH